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**ILLINOIS COMMERCE COMMISSION**

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Docket No. \_\_\_\_\_

**JUL 01-02/17 14 PM '01**  
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Applicant's Name: Wings Communications, Incorporated.

Application for a certificate of:  
local and interexchange authority :  
to operate as a reseller of telecommunications :  
services in the State of Illinois:

**AMMENDED APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # 36 430 3008  
Wings Communications, Inc.  
Address: Street 3011 West 183<sup>rd</sup> Street Suite 271  
City Homewood State/Zip Illinois, 60430

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange  
X 13-404 Resale of Local and/or  
Interexchange  
13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers  
X Part 735 Procedures Governing the Establishment of Credit, Billing,  
Deposits, Termination of Service and Issuance of Telephone  
Directories for Local Exchange Telecommunications Carriers in  
the State of Illinois  
X Section 735.180 Directories  
X Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Wings Communications intends to provide telecommunication services to the whole of the State of Illnionis

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6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Mr. Addams will be the contact person for all of the above . The information requested is attached as Exhibit E.

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7. Please check type of organization?

☐ Individual                      ☒ Corporation  
☐ Partnership                      Date corporation was formed June 15<sup>th</sup>, 1999  
In what state? Illinois  
☐ Other (Specify) \_\_\_\_\_

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

Upon certification, Illinois will be the first state that Wings Communications will be offering service(s)

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10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO.

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully \_\_\_\_\_

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12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. \_\_\_\_\_

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If NO, permission pursuant to 83 Ill. Adm. Code Part 250 needs to be requested.

## MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

<u>Gregory Ozegbe(President)</u>	<u>Kyne Aldridge (Chairman)</u>
<u>Koule Addams (Vice President)</u>	<u>Marina Addams (Secretary)</u>
<u>Stephen Emmanuel (Financial Officer)</u>	

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? YES X NO  
If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill for its services on a monthly basis. Local services shall be billed one month in advance while long distance and other services shall be billed as per customer's need. (See detail of billing statement) Appendix G

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Any complaint will immediately be transferred to Wings Communications customer service personnel. Customer service will investigate and make every attempt to answer and provide a prompt solution to all customer's questions and complaint. If the customer is not satisfied with the solution, a supervisor will be notified immediately who will further attempt to resolve the problem. If the solution provided by the supervisor is still not satisfactory to the customer, the customer will be referred to the Commission's Consumer Services Division for further assistance. To expedite customer's repair complaints, Wings Communications has retained the services of Mr. Claude Britt of AT&T repair and maintenance as well as Ms. Lisa Thompson of McLeodUSA as consultants in case of emergency.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?   X   YES        NO

Wings Communications will operate during the hours of 7:00am through 5pm Central Time (Monday through Friday), 10:00am through 4pm (Saturday). A 24hours emergency service number shall be provided also.

20. What telephone number(s) would a customer use to contact your company?

Our initial contact number will be 1 800 945 1563.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Wings Communications intends to comply with Section 13-902 of the Public Utilities Act by informing the customers every month via the itemized billing statements the type of services they signed up for and are being charged. The customers will also be advised that any additional telecommunications service will always be verified by an independent third before being charged and should notify Wings Communications otherwise.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

## FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

## TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Applicant is a start up operation and initially intend to resell telecommunication services only through the facilities of Ameritech's (SBC) affiliate Ameritech Information Industry Services. (AIIS)

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Wings Communications hope to be initially a non-facilities based reseller and provider of  
local service, long-distance service, pre-paid local service and operator assisted services.  
Wings Communications intends to provide these services from points of origin within the  
State of Illinois to points of destinations within the State of Illinois, other parts of the United  
States and foreign countries.

28. Will technical personnel be available at all times to assist customers with service problems?

  X   YES        NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?        YES   X   NO

  
\_\_\_\_\_  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of ILLINOIS )  
County of COOK )ss

Kouli Addam makes oath and says that he is Kouli Akishemoyin - Adda  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of Wings Communications Inc.  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, Notary Public Elizabeth F. Moroney  
(Title of person authorized to administer oaths)

in the State and County above named, this 2 day of July, 2001.  
Elizabeth F. Moroney  
(Signature of person authorized to administer oath).

